		Substitute	EE DETERMIN for Form PTO-875	VATION R	llection of In	formation unle	85 It disp	DIBYS & VAIID OF	NT OF COMMERC	CI	
	APPLICATION AS FILED - PART I							Application or Docket Number			
		(Column 1)						707002560			
BASIC FEE		NUMBER FILED	(Column 2) NUMBER EXTR		SMALL EI		OR	OTH SMAI	OTHER THAN SMALL ENTITY		
	(37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m))	+			ATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	_	
	EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	+		7					-		
	I TOTAL CLAIMS			$\neg \vdash$							
	(37 CFR 1.16(I)) INDEPENDENT CLAIMS	minus 20 =					ļ				
	(37 CFR 1.16(h))	minus 3 =		— I			OR	х =		1	
	APPLICATION SIZE	If the specification and consheets of paper, the app	rawings exceed 10	00 ×			- 1	X =		1	
	(37 CFR 1.16(s))	is \$250 (\$125 for small entity) for each		ell			\int			1	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									l	
	* If the difference in column 1 is in			_]					 		
	* If the difference in column 1 is less than zero, enter *0* in column 2.			TO	AL		_				
	APPLICATION AS AMENDED - PART II				<u> </u>			TOTAL			
	(Col						1				
	4 1/18/1 REN	IAINING HIGH	mn 2) · (Column 3)	7	RATE (\$) ADDI-		OR	OTHER THAN SMALL ENTITY			
- 1	Z AMEN Total	PREVIO	USLY FXTRA	RATE				RATE (\$)			
-	A AMEN	Minus Z		1	FE	ONAL E (\$)	- '	CATE (3)	ADDI- TIONAL		
	(37 CFR 1.16(h))	/ Minus ···	1=	x d	2 =	OF	, L	50	FEE (\$)		
1				×100	=	OR		200			
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.		(37 CEO 1 100				` ^	360			
			(57 CFR 1.16(J))	L		OR					
L	(Column 1)			TOTAL ADD'L FE	E	OR	TOT	AL			
\ a	CLAI	MS (Column	2) (Column 3)				ADD	'L FEE			
		R NUMBER	PRESENT	RATE (\$)	1						
DMENT	Total .	MENT PAID FOR	3	10,12 (3)	TION	AL	RA*	TE (\$)	ADDI-		
QN:	Independent (37 CFR 1.16(n))	Minus	2	×	FEE	(\$)	<u> </u>	-	TIONAL FEE (\$)		
AMEN	Application Size Fee (37 CF		2	,	+	OR	x	=			
	FIRST PRESENTATION OF MIL	ST PRESENTATION OF MUNITIPLE OF CO.				OR	×	=			
	37 1110	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			1	-					
	If the entoring			TOTAL	 	OR					
•••	If the "Highest Number Previo	s than the entry in column 2, w Dusly Paid For" IN THIS SPACE BUSLY Paid For" IN THIS SPACE	rite "0" in column 2	ADD'L FEE		OR	TOTAL ADD'L F	ee .			
	The Highest Number Previo	Dusly Paid For IN THIS SPACE	is less than 20, ente	er *20*.							

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS